

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF October 2014

Date: October 22, 2014

CONTRACTOR: Commercial Electric, Inc.
ADDRESS: 1010 Paapu Street
City, State ZIP: Honolulu, HI 96819

Contract No. 60030 ☒

DAGS Job No. 12-20-2642

PROJECT TITLE: Hawaii State Hospital Various Locations, Replace Transformers & Switchgear

CONTRACT

Basic Contract Amount \$ 760,000.00

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☐ PROJECT SCHEDULE

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST

☒ CONTRACT NUMBER

☒ PROJECT NAME AND LOCATION

☒ ALL SIGNATURES

☐ AS NEED - WASTE REDUCTION PROGRESS REPORT

SPECIALTY / MISC:

☐ AIR CONDITION ACCEPTANCE ☐ PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 160,728.00

Adjusted Contract Amount \$ 920,728.00

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date	100.00%	\$ <u>760,000.00</u>	100.00%	\$ <u>160,728.00</u>	\$ <u>920,728.00</u>
Retained	REDUCED <input type="checkbox"/>	\$ <u>-</u>		\$ <u>-</u>	\$ <u>-</u>
Amount Subject to Payment		\$ <u>760,000.00</u>		\$ <u>160,728.00</u>	\$ <u>920,728.00</u>
Payments to Date		\$ <u>722,000.00</u>		\$ <u>152,692.00</u>	\$ <u>874,692.00</u>
Payments Now Due		\$ <u>38,000.00</u>		\$ <u>8,036.00</u>	\$ <u>46,036.00</u>

Payment No. **FINAL** ☒ **13**

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..

☒ Project Acceptance Date
☒ Project Completion Date

FOR OFFICE USE ONLY

1. Computed and Checked by:

3. Recommended:

Project Inspector or Engineer

Date:

4. Recommended:

Area Engineer/Architect

Date:

5. Approved:

Branch Chief or District Engineer

Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

[Signature]
State Public Works Administrator

NOV 12 2014

Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. ☒
As a preferred contractor, I have submitted all apprenticeship approval forms.

Commercial Electric, Inc.

Name of Contractor

Nick W. Teves, Jr.

President

10/23/14

By signature / Title:

Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: October 2014

CONTRACTOR:	Commercial Electric, Inc.	Contract No.: 60030
PROJECT TITLE:	Hawaii State Hospital Various Locations, Replace Transl	DAGS Job No.: 12-20-2642

CLOSED			LICENSE	BASIC CONTRACT	COMPL.	%	RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	CMPL	%	AMOUNT
								RETAINED
	Commercial Electric, Inc.	General Contractor	C-7215	\$724,600	\$724,600	100.00%	0%	\$0

[illegible]

SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	SUB-CONTRACT AMOUNT RETAINED
Quality General	Concrete/Masonry	ABC-13362	\$35,400	\$35,400	100.00%	0%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$35,400	\$35,400			\$0

	\$780,000	\$760,000
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[illegible]

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$0
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I certify that the above retentions are correct for this request.

Commercial Electric, Inc.

Name of Contractor

Nick W. Teves, Jr., President

By Signature

10/23/2014

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: October 2014

CONTRACTOR:	Commercial Electric, Inc.	Contract No.: 60030
PROJECT TITLE:	Hawaii State Hospital Various Locations, Replace Tran	DAGS Job No.: 12-20-2642

<u>CLOSED</u>	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>CHANGE ORDER AMOUNT</u>	<u>COMPL. TO DATE</u>	<u>% CMPL</u>	<u>RETN %</u>	<u>CHANGE ORDER AMOUNT RETAINED</u>
	Commercial Electric, Inc.	General Contractor	C-7215	\$160,728	\$160,728	100.00%	0%	\$0

[illegible]

	\$160,728	\$160,728
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CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$0
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I certify that the above retentions are correct for this request.

Commercial Electric, Inc.

Name of Contractor

Nick W. Teves, Jr., President

By Signature

10/23/2014

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 13

FINAL

PROJECT TITLE: HAWAII STATE HOSPITAL - VARIOUS LOCATIONS, REPLACE TRANSFORMERS & SWITCHGEAR

BILLING MONTH: October-14

DAGS JOB NO.: 1 2-20-2642

CONTRACT NO.: 60030

CONTRACTOR: COMMERCIAL ELECTRIC INC.

VENDOR CODE: 270400

Original Contract Payment		Suffix: 1, 3			
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due	
03	B09-408M	\$0.00	(\$38,000.00)	\$38,000.00	
Totals:			(\$38,000.00)	\$38,000.00	
Change Order Payment		Suffix: 2, 4, 5, 6			
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due	
04	B09-408M	0	(\$2,660.00)	\$2,660.00	
05	B09-408M	0	(\$3,750.00)	\$3,750.00	
06	B08-406M	0	(\$1,626.00)	\$1,626.00	
Totals:			(\$8,036.00)	\$8,036.00	
Grand Total:			(\$46,036.00)	\$46,036.00	

Verified By *Z Xu* 11/12/2014
DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 270400

Cost Code 3A1

Voucher No. 11086N21

Verified By *B*

NOV 17 2014